

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
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APPLICANT(S)
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		/					52			
3	/						53			
4	/						54			
5							55			
6	/						56			
7	/						57			
8	/						58			
9	/						59			
10	/						60			
11	/						61			
12	/						62			
13	/						63			
14	/						64			
15	/						65			
16	/						66			
17	/						67			
18	/						68			
19	3						69			
20	3						70			
21	3						71			
22	/						72			
23	/						73			
24	/						74			
25	/						75			
26	/						76			
27	4						77			
28	4						78			
29	4						79			
30	4						80			
31	4						81			
32	4						82			
33	4						83			
34	4						84			
35	4						85			
36	4						86			
37	4						87			
38	4						88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	76						TOTAL DEP.			
TOTAL CLAIMS	80						TOTAL CLAIMS			